

**TRANSMITTAL  
FORM**

APR 06 2005

PTO/SB/21 (09-04)

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

25

Application Number

10/727,337

Filing Date

December 2, 2003

First Named Inventor

Antoni Kozlowski

Art Unit

1711

Examiner Name

Olga Asinovsky

Attorney Docket Number

6800-0034.01

**ENCLOSURES (Check all that apply)**

☒ **Fee Transmittal (in duplicate)**

☒ **Fee Attachd (\$760 check)**

☒ **Amendment/Reply (14 pages)**

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☒ **Information Disclosure (5 pages)**

☐ Certified Copy of Priority Document(s)

☐ Reply to Missing Parts/ Incomplete Application

☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☒ **Terminal Disclaimer (1 page)**

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication to TC

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ **Other Enclosure(s) (please identify below):**

**Return Receipt Postcard (1 page)**

**Copies of 2 References Cited (pages not counted)**

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Robins & Pasternak LLP

Signature

*Susan T. Evans*

Printed name

Susan T. Evans

Date

*April 1, 2005*

Reg. No.

38,443

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

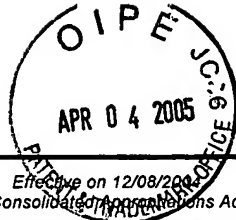
*Anne Currier Carr*

Typed or printed name

Anne Currier Carr

Date

*April 1, 2005*



Effective on 12/08/2003  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**760**

### Complete if Known

Application Number	10/727,337
Filing Date	December 2, 2003
First Named Inventor	Antoni Kozlowski
Examiner Name	Olga Asinovsky
Art Unit	1711
Attorney Docket No.	6800-0034.01

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
39	-30 = 9	x 50	= 450			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
1	-2 = 0	x	= 0			

HP = highest number of total claims paid for, if greater than 20

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets - 100 = Extra Sheets / 50 = Number of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$)

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer

Information Disclosure Statement After First Office Action

Fees Paid (\$)

0

130

180

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	38,443	Telephone	(650) 493-3400
Name (Print/Type)	Susan T. Evans			Date	04-01-05